

Mississippi Partnership Income Tax Return 2004

WPA

Page 1

For Fiscal Year Beginning ____/____/____ and Ending ►

 FEIN: ►

 -

Name of Entity

Mailing Address (PO Box or Street Including Rural Route)

City

State

Zip + 4

County Code

(See Instructions)

Filing Status

1. Check All That Apply: ☐ Initial Return ☐ Final Return ☐ Amended Return ☐ Short Year ☐ Inactive ☐ Address Change2. Type of Entity: ☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP) ☐ Limited Liability Company (LLC) (Treated as a partnership)3. Check One: ☐ 100% Mississippi ☐ Multistate Direct Accounting ☐ Multistate Apportioning4a. Number of partners/members
at end of tax year ►

4b. Date business commenced in
Mississippi ►

4c. Number of Schedules K-1 attached.

Round All Amounts to the Nearest Dollar

Return Information

5. Enter Mississippi Income from Form 86-122 Line 18 ►

6. Enter the Amount of Nonbusiness Income, if any, Reported on Form 86-122, Line 10

7. Enter the Amount of Adjustments, if any, Reported on Form 86-122, Line 6

8. Enter the Amount of Adjustments, if any, Reported on Form 86-122, Line 8

9. Enter the Amount of Adjustments, if any, Reported on Form 86-122 Line 15

10. Enter the Amount of Adjustments, if any, Reported on Form 86-122 Line 17

11. Are you a manufacturer? YES ☐ NO ☐

If yes, what do you manufacture? _____

12. Enter Apportionment Ratio Reported on Form 83-125

 %13. Enter the Amount Reported on Form 83-125, Line 1, Column A

14. Enter the Amount Reported on Form 83-125, Line 2, Column A

15. Enter the Amount Reported on Form 83-125, Line 3, Column A

16. Enter Name and Taxpayer ID (FEIN/SSN) of The Largest Percentage Owner

SSN/FEIN

17. Enter Name and Taxpayer ID (FEIN/ SSN) of The 2nd Largest Percentage Owner

SSN/FEIN

This return may be discussed with the preparer: ☐ Yes ☐ No

I declare, under the penalties of perjury, that this return (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Signature of General Partner or Limited Liability Company Member

Date

()
Tax Department Phone

Paid Preparer Signature

Date

Paid Preparer Address

Paid Firm Identification Number

Paid Preparer Social Security Number or PTIN

Preparer Phone

Mail To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Mississippi Partnership Income Tax Return 2004

Page 2

Name

FEIN:

 -
Federal Return Data Schedule**Round All Amounts to the Nearest Dollar**

1. Total assets, beginning of year. (From Federal Form 1065, Schedule L)
2. Total assets, end of year. (From Federal Form 1065, Schedule L)
3. Total depreciable assets, beginning of year. (From Federal Form 1065, Schedule L)
4. Total depreciable assets, end of year. (From Federal Form 1065, Schedule L)
5. Federal gross receipts or sales less returns and allowances. (From Federal Form 1065)
6. Mississippi gross receipts or sales less returns and allowances .
7. Assets placed in service in Mississippi during the tax year.

Mississippi

Entity Information

8. IRS Business Activity Code number per Federal Form 1065, Page 1.

9. DBA

10. County codes for locations in Mississippi (See instructions)

11. Principal business activity in Mississippi

12. Principal business activity everywhere

13. Principal product or service in Mississippi

14. Principal product or service everywhere

15. Contact person for this return

16. Contact person's location and phone

()

17. If amended return, check reason:

☐ Mississippi
correction only

☐ Amended Federal Form 1065
(Attach Copy)

☐ Federal RAR
(Attach Applicable
Copies)

☐ Other : _____

18. If final return, check reason and enter date effective:

☐ Dissolving Mississippi Partnership

☐ Withdrawing from State

☐ Incorporated

☐ Other : _____

Date _____

19. If you checked "Incorporated" on line 18, provide the following:

New company or owner's name and address

FEIN _____

Phone () _____

- 20a. Is this partnership a partner/member in a partnership, LLP, or LLC doing business in Mississippi?
-
- If Yes, attach Mississippi Form K-1(s).

☐ Yes ☐ No

- 20b. Is this partnership the owner/member of a single member LLC doing business in Mississippi?
-
- (If Yes, attach schedule)

☐ Yes ☐ No

21. Has the partnership/LLP/LLC filed amended federal returns in the last three years?

☐ Yes ☐ No

If Yes, list years _____

22. Has the IRS made any changes to your taxable income in the last three years?

☐ Yes ☐ No

If Yes, list years _____

23. If Line 21 and/or Line 22 was checked "Yes", has the partnership/LLP/LLC filed Mississippi amended returns for all years for which amended Federal return(s) were filed or changes to taxable income were made by the IRS?

☐ Yes ☐ No

24. Did this partnership file any prior year return in which it claimed a federal 30% or 50% special depreciation allowance, but did not make the appropriate adjustments to back out such depreciation in determining its income to this state?

☐ Yes ☐ No